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Application for Minnesota Licensure as a Nursing Home Administrator

Data collection and dissemination information

(Rights of subjects of data under Minnesota Statutes, sections 13.04, subdivision 2, and 13.41, subdivision 2.)

Information submitted on this application will be used by the Board of Examiners for Nursing Home Administrators (BENHA) to determine your qualifications for licensure under Minnesota Statutes, section 144A.20. Although you may refuse to supply the information requested, failure to provide it will result in denial of licensure. All application data you provide will become part of your permanent file. Except for your Social Security Number, all information in your permanent file becomes public data when licensure is granted. Until you become licensed or if licensure is denied you, the information in the application (except your name and designated address, which are public), is private data, accessible only to you, BENHA and its agents, and agents of the Attorney General's Office who represent BENHA. In accordance with statutes and rules, application information may in some circumstances be disclosed to certain other persons or entities, including the Office of Administrative Hearings and any reviewing courts. Social Security Numbers, while private under Minnesota Statutes, must be reported by BENHA to the Federal Healthcare Integrity & Protection Data Bank if adverse action is taken against your application or license.

You must submit accurate information. Falsification or omission of information may constitute grounds for revocation or denial of a license.

The application is valid for eighteen months from the date received at BENHA. If you do not achieve licensure within those eighteen months, you must reapply by submitting another application and fee.

Checklist for Applicants

- All candidates must complete Application, pages 2-4
- Request Official Transcript (s) showing minimum of BA/BS
- Current Resume –Work History
- Academic Course – Practicum Requirements
- Complete one of the following Licensure Tracks:
 - OPTION A: New Graduate from Minnesota or NAB LNHA program with examinations
 - OPTION B: Applicant with experience/course waivers, with examinations
 - OPTION C: Endorsement: LNHA/Administrator of Record in two of previous five years
 - OPTION D: ACHCA Certification
- Check: \$150.00 payable to BENHA (\$100.00 if \$50.00 course review fee was paid within past year)
- If currently or previously licensed in another state(s), send a License Verification Request to each jurisdiction (contact each state board regarding any applicable fee).



**Application for Minnesota Licensure as a
Nursing Home Administrator**

ID # _____
(To be assigned by BENHA)

Paid application is valid for 18 months from receipt by BENHA.

In accordance with the requirements of the Nursing Home Administrators Licensing Law, Minnesota Statutes section 144A.18 - 144A.29, I hereby make application for review of my education and experience to meet board requirements to become a licensed nursing home administrator in Minnesota.

PHOTO requirement: You may provide a recent passport type photo of yourself (2x2 to 2.5x3.25 wallet) to be included in your licensure application or a picture will be taken by BENHA staff before you sit for the state examination.

1. Name _____
(Last) (First) (MI) (Previous name)

2. Date of Birth _____ Sex _____

3. Contact Address _____
(Street)

(City) (State & Zip Code)

Contact Phone (____) _____ ☐ cell

This is your designated contact address and phone number for data practices purposes.

4. Day Phone (____) _____ ☐ cell

Evening Phone (____) _____ E-Mail _____

5. Social Security Number ____ - ____ - ____ Driver's License: State ____ Lic# _____

6. **Educational Achievement:** List highest level of education on top line followed by all post-secondary education attended with degree if applicable. A Bachelor's degree is required as a Minnesota minimum requirement.

You must have school(s) send, directly to the board office, an unopened official college transcript(s) showing award of your bachelor's or higher degrees and grades for any courses submitted in partial fulfillment of board requirements.

For each degree (LTC courses, if different) list the following information:

Degree	Name of School	City & State	Date Completed (mm/dd/yy)	Major/Minor Subjects
Bachelor's/ Master's/other				
Bachelor's/ Master's/other				
LTC Courses				
Practicum School # of Hours:	LTC Facility:			Preceptor Name, State:

FOR OFFICE USE ONLY

Application fee: \$150.00 Check # _____ RSRC: 640100 Date: _____ Deposit #: _____

OR Education Review \$50.00 fee previously paid on (date): _____

Balance of Application within 1 year: \$100.00 RSRC: 640113 Date: _____ Deposit #: _____

Minnesota Requirements for Licensure include these five items:

- **Bachelor's Degree,**
- **Eight specific core knowledge courses related to long term care administration,**
- **Minimum 400 hour practicum,**
- **State examination, and**
- **National examination (NAB).**

Please indicate/mark the option you expect will meet your academic and practicum requirements:

To meet the requirements listed above, candidates must provide satisfactory evidence of **ONE** of the following four available options for licensure. Applicants may submit documents as achieved, or as a completed packet. Details for each option are listed separately.

○ **New Graduate from a Minnesota/NAB LNHA approved program with examinations (OPTION A)**

This option is typically for new graduates recently awarded a bachelor's degree which meets the course requirements from a NAB or Minnesota accredited college. Those colleges are listed on the Option A addendum with the approved course listed for each requirement. Graduates from the list of approved college LTC Administration programs meet the academic and practicum requirement.

1. Request an official transcript upon completion. If you are applying prior to the end of your academic experience, the board will accept a student transcript or unofficial confirmation from the program advisor.
2. *Upon receipt of the application, information to sit for the state and national examinations will be provided to you.*

○ **Experience/course waivers/course completion with examinations (OPTION B)**

This option is typically for an individual with a bachelor's degree in an ancillary field who requires only a portion of the Minnesota required courses or a reduction in practicum hours. Courses not currently approved must be reviewed and approved by the board through the Course Review process as found in Option B.

1. Submit official transcript showing at minimum a Bachelors' Degree.
2. Submit evidence/requests for eight academic courses completed using the forms in Option B.
3. Submit evidence of required practicum using forms found in Option B.
4. *Upon receipt of the application, information to sit for the state and national examinations will be provided to you.*

○ **Endorsement/reciprocity and waiver of academic and practicum requirements (OPTION C)**

This option is typically for candidates transferring from another state who can demonstrate they have actively and effectively served full time for a minimum of two continuous years within the immediate past five years as a licensed nursing home administrator.

1. Submit Option C required documentation as listed below.
 - i. Facility name, location, services offered with dates of employment
 - ii. Documentation from each facility showing clear evidence of administrative dates and role
 - iii. Copies of the two most recent CMS 2567s or surveys of the facilities outlined in Option C
 - iv. License verification from each state applicant has held licensure sent directly to the board office.
 - v. License verification, including NAB scores from original state of licensure (or from PES).
2. *Upon receipt of the application, information to sit for the state examination will be provided to you.*

○ **ACHCA Certification: (OPTION D)**

1. Request ACHCA verification be provided directly by the American College of Health Care Administrators.
2. *Upon receipt of the application, information to sit for the state examination will be provided.*

You must respond to EACH question and have this page notarized.

7. Other licensure/applications: (complete &/or circle correct response)

7a. Have you previously applied for or been issued a license as an LNHA in Minnesota ? If yes, give date of licensure/application _____ and your license or ID # _____	No	Yes
7b. Are you now, or have you ever been, licensed as an LNHA in any other state ? If yes, list the state(s), dates of licensure and your license number(s) _____ Follow the instructions on the last page of this application to obtain verification of licensure from the licensure board of the other state(s).	No	Yes
7c. Have you ever been denied a license or other credential to practice a health-related occupation, been suspended from practice, reprimanded, censured or otherwise disciplined or disqualified as a health professional, or has your practice been conditioned, restricted, or remediated in any way (including being a party to a corrective action agreement, a stipulation to an informal disposition, or other administrative action)? If yes, attach a statement indicating reason for action, dates, disposition and address of licensing authority in possession of record(s).	No	Yes
7d. To your knowledge, are you currently the subject of any formal or informal legal, administrative, or disciplinary proceedings or investigations by any court or regulatory entity concerning your practice as a health professional? If yes, attach a description.	No	Yes

8. Ability to practice: (complete &/or circle correct response)

8a. Have you been convicted of a felony or gross misdemeanor in the last 5 years?	No	Yes
8b. In the last 5 years, have you been diagnosed or assessed as having misused or abused alcohol, other drugs or chemicals, or been diagnosed as chemically dependent? If yes, attach a description. Also, if yes: Describe any steps you have taken to discontinue or reduce such use and describe any supervised rehabilitation, assistance, or monitoring program in which you have/are participating.	No	Yes
8c. Within the past 5 years, have you been advised by a treating professional that you have a mental, physical, or emotional condition which, if untreated, would be likely to impair your ability to practice nursing home administration with reasonable effectiveness and safety for facility residents and staff? If yes to 10c, are the limitations reduced because you restrict your practice in some way, or because you receive ongoing treatment (with or without medications), or because you participate in a monitoring program? If yes, please describe.	No	Yes
8d. Are you able to perform the duties of a nursing home administrator with or without accommodation? If the answer is no, attach a separate sheet of explanation.	No	Yes

NOTARIZED AUTHORIZATION AND AFFIDAVIT OF APPLICANT

In connection with this application for licensure, I authorize the MN-BENHA and any agent acting on its behalf to conduct an inquiry into any information contained in this application and I hereby release the board and any agent acting on its behalf from any and all liability of any nature for requesting such information from any person. Further, I, being first duly sworn, state that I am the person making this application, that the information provided on and with this application is true and complete and that should investigation by MN-BENHA or its agents disclose any misrepresentation or falsification, it may be cause for denial of licensure to me or revocation of any license I obtain as a nursing home administrator in Minnesota.

I acknowledge that I have read and understand the information above.

Applicant sign here (in presence of notary)

Subscribed and sworn to before me this _____ day of _____, _____.
(day) (mo) (yr)

Notary stamp:

Notary public signature

County of _____ State of _____

My commission expires on _____

OPTION A – NEW GRADUATE WITH EXAMINATIONS FOR MINNESOTA NHA LICENSURE

General Definition: This licensure track is typically used by new graduates of a Minnesota or NAB approved program as listed below.

Complete the following steps:

1. Complete pages 2-4 of the application, mail with fees to the board office.
2. Request a transcript sent directly from the college showing completion of the pre-approved courses **or** provide a student copy if currently enrolled in program awaiting graduation.
3. Submit a resume showing your employment history for the past ten years plus all employment (regardless of age) at any nursing facility.
4. Courses completed more than seven years ago must be supplemented by recent work experience and/or continuing education in the subject area. Further documentation, if required, will be requested by the Board office.
5. Acknowledgement of your current application with examination information will occur within 3-4 working days.
6. Current Minnesota approved programs include:

Requirement	Concordia Moorhead	MSU Mankato	MSU Moorhead	St. Cloud State U	U of M Crookston	U of M Twin Cities	USD Vermillion, SD	UW Eau Claire, WI	St. Mary's U, Mpls, Rochester, Online
1. Organizational Management	BUS 339	MGMT 330 or HLTH 659*	HSAD 416	POL 380	HSM 3200*	PubH 7580	BADM 482 & BADM 369 HSAD415/515	MGMT 340 & HCAD 302 & HCAD 421	HS 671*
2. Managerial Accounting	ACC 256	ACCT 210 MBA 6390	HSAD 419	ACCT 291/2	ACCT 2102*	PubH 6535*	HSAD 410 HSAD 411/511	HCAD 375 & HCAD 407	HS 662*
3. Gerontology	SOC 351	SOC 4/504 or GERO 200 or GERO 600*	SOC/SW 308	GERO 208	SOC 3937*	PubH 7581	HSAD 325* HSAD460/560	HCAD 222	HS 604*
4. Health Care & Medical Needs	BUS 323	HLTH 4/555 or NURS 340	COMH 401	GERO 208 & BIO 266	HSM 3030*	PubH 7584	HSAD 400*/500	BIOL 151 or 214 & all: NRSRG 220, HCAD 222, 401, 403	HS 606*
5. Nursing Facility Services	BUS 386	GERO 4/580*	HSAD 421	POLS 488*/588	HSM 3230*	PubH 7581	HSAD 420	HCAD 401, 403, & 404	HS 601*
6. Human Resources	BUS 341	POL 4/563 or MGMT 4/540 or POL 662	MGMT 440	POLS 482 or MGMT 352	MGMT 3220*	PubH 7580	BADM 460 BADM 461/561	MGMT 349 & HCAD 405	GM 655*
7. Regulatory Management	BUS 486	GERO 4/580*	PARA 416 & HSAD 418	POLS 466*/566	HSM 4210* & HSM 4212*	PubH 7587	HSAD 350 & HSAD 305	BSAD 305 & HCAD 301 & 413	HS 651*
8. Information Uses	BUS 328 or BUS 415	MGMT 200	MGMT 370	POL 201	HI 3020*	PubH 7588	BADM 323	IS 240 & MATH 246 & HCAD 406	HS 612*
9. Practicum	BUS 492	GERO 4/698	HLTH 469	POLS 444/644	HSM 3900	PubH 7582	HSAD 495/595	HCAD 401 (15 credits), 403, 404, 405, 406, 407, 408, 413, 420, 421, 422	HS 692, 693, 694, 659*

* available online

NAB Accredited Academic Centers are found at the NAB website: www.nabweb.org

OPTION B – EXPERIENCE / COURSE WAIVERS / EXAMS FOR MINNESOTA NHA LICENSURE

General Definition:

Applicants seek board review and approval of previous academic courses completing the **Academic Course Review Requests** or **Course Waiver Requests** process. This option allows candidates to provide clear evidence that they have completed academic courses that substantially meet the Minnesota course requirements obtained through non-Minnesota approved programs. Candidates do not need to complete the exact course but must provide clear evidence that the similar course covers the essential subject material as found in Minnesota Rules 6400.6400 for each course submitted for review. Typically, candidates will identify and submit previously completed courses they believe meet the listed academic requirement, receive an opinion from the board, and then seek to combine new courses to meet the eight course requirements identified as Minnesota core knowledge subjects. Education obtained over seven years prior to the submission of the application must be supplemented with experience that demonstrates continued competency in those areas.

Complete the following steps:

1. Complete an individual *Course Waiver Review Request* form as found on the website at www.benha.state.mn.us
 - a. On home page, locate on the left column “Quick Forms & Links.”
 - b. Complete and submit the individual form(s) for each course for which you are seeking waiver status with the application or mail separately.
2. Order a transcript sent directly to the board from each college used to support all courses completed to meet the three areas of a 1) minimum BA/BS, 2) each academic course identified on an official transcript and 3) practicum completed for academic credit.

Other General Information required of all applicants:

- Resume showing employment history for the past 10 years plus all employment at a nursing facility.
- Completion of the Minnesota state examination: *exam information will be sent to the candidate upon staff review of application.*

OPTION B: PRACTICUM WAIVER REQUEST OPTIONS FOR MINNESOTA NHA LICENSURE

General Definition: Each applicant must complete a 400 hour practicum unless presenting evidence to the board that the applicant has experience as described below for a reduction in the number of practicum hours. The current national practicum average is 1000 hours so every hour is vital to your core knowledge to be a successful entry level administrator. The board shall determine the minimum number of hours of practicum to be completed by an applicant by comparing the applicant's experience to the requirements listed below. The amount of experience required to qualify for a practicum reduction under items C, D, and E shall be measured in full-time equivalency at the rate of 35 hours per week.

The minimum number of hours to be spent by each individual in the practicum experience shall vary according to the following schedule:

- A. **waived** for an individual who has one year of continuous full-time employment as the licensed administrator and chief executive officer or the assistant administrator of a nursing facility, provided that time working as an acting administrator under an acting license or permit in the same nursing facility where the individual also served as the licensed administrator or assistant administrator is counted in meeting this standard if the individual's employment under both titles combined was one continuous year.
Note: "Assistant administrator" means an individual who reports to the nursing home administrator, assumes charge of the facility in the administrator's absence, and has ongoing managerial and supervisory authority over both administrative and resident care functions, operations, and staff in a nursing facility.
- B. **80 hours** for an individual who has served one year or more full-time as a hospital administrator or hospital assistant administrator with responsibility for both resident care and administrative functions, or who has served two or more years full-time or the equivalent number of hours as the director of nurses in a nursing facility.
- C. **200 hours** for an individual who has served two or more years as a department manager with supervisory and budgetary responsibility in a hospital or nursing facility. This also applies to:
 - (1) an individual not meeting the requirements for assistant administrator under item B or the definition in part 6400.5100, but who has otherwise held that title in a nursing facility or hospital and performed under the title for two or more years;
 - (2) an individual who has served as director of nurses in a hospital for two or more years; and
 - (3) an individual who has served two or more years as an administrator or assistant administrator of one or more long term care facilities for 25 or more developmentally disabled residents.
- D. **300 hours** for an individual who has two or more years of employment in a hospital or nursing facility in any professional capacity or in any direct patient care capacity.
- E. **300 hours** for an individual with two or more years of managerial or administrative employment experience including supervision of at least 25 employees and responsibility for an annual budget of at least \$250,000; or
- F. **400 hours** for an individual with none of the experience specified in items A to E.

OPTION B: PRACTICUM WAIVER REQUIREMENTS FOR MINNESOTA NHA LICENSURE

Please provide the following information to support your request for practicum waiver.

FACILITY NAME:	
SERVICES OFFERED AND LICENSED AS:	
FACILITY LOCATION (city and state):	# of beds/units served:
DATES OF YOUR FULL-TIME EMPLOYMENT AS LICENSED NHA & CEO FOR THE FACILITY:	
FROM mo _____/day _____/yr _____ TO mo _____/day _____/yr _____	
YOUR TITLE and DUTIES	
ANNUAL BUDGET YOU WERE RESPONSIBLE FOR	# OF WORK HOURS IN WEEK
DEPARTMENTS YOU SUPERVISED OR MANAGED	DEPARTMENTS YOU CONTROLLED BUDGET

Submit the following to document the request for practicum reduction:

1. If you claim waiver under provision A, B, or C (except as a DON),
 - a. include a position description,
 - b. include an organization chart showing your position in relation to others above, below, and equal to your job in the organizational hierarchy.
 - c. If you claim waiver as an assistant administer, you must also submit evidence that your experience included all activities typically covered in a practicum. Contact the board office to obtain a form to document your experience.
2. For each facility identified above related to experience for practicum reduction, submit or provide separately, a letter on official stationery of the facility, dated and signed by your supervisor/administrator or an official of the agency's human resources unit, verifying your employment. The letter must include essential information as listed above.

OPTION C – ENDORSEMENT REQUIREMENTS FOR MINNESOTA NHA LICENSURE

OPTION C – Waiver of all academic and practicum requirements (endorsement or reciprocity)

General Definition for:

Applicant may submit satisfactory evidence of having actively and effectively served full time for a minimum of two continuous years within the immediate past five years as the licensed nursing home administrator and chief executive officer of one or more nursing facilities in a single jurisdiction (state) regulated by the licensing board of that jurisdiction. The applicant must also possess a minimum of a BA/BS degree.

Complete the following steps:

- Candidates, who qualify under the above provision, shall submit a letter requesting a waiver for Option C and include as a minimum the following for each community/facility to clearly demonstrate the waiver requirement listed in Option C.

FACILITY NAME:	
SERVICES OFFERED AND LICENSED AS:	
FACILITY LOCATION (city and state):	# of beds/units served:
DATES OF YOUR FULL-TIME EMPLOYMENT AS LICENSED NHA & CEO FOR THE FACILITY: FROM mo _____/day _____/yr _____ TO mo _____/day _____/yr _____	

2. In addition, submit the following attachments for each facility identified in the waiver request:

- Your position description
- An organization chart showing your position in relation to others above, below, and equal to it in the organizational hierarchy
- A letter on official stationery of the facility, dated and signed by an officer of the governing board (or the administrative head of the facility or management company or by your supervisor or an official of the agency's human resources unit) verifying your employment. The letter must certify your dates of employment with the facility and the title(s) of any position(s) you held with the facility.
- Copies of the two most recent inspections/surveys of the facility where you were most recently LNHA and Administrator of Record.

Other General Information required of all applicants:

- Resume showing employment history since college graduation
- License verification in each state applicant has held licensure sent directly to the board office.
- Completion of the Minnesota state examination: *exam information will be sent to the candidate upon staff review of the application.*

OPTION D – ACHCA CERTIFICATION FOR MINNESOTA NHA LICENSURE

General Definition for:

Option D: American College of Health Care Administration (ACHCA) Certification. The American College is the professional association for individuals seeking advanced certification beyond entry level licensure requirements. The requirement for certification is nearly identical to the Minnesota requirement and allows individuals with significant LNHA experience without a Bachelor's degree prior to 1996 the ability to be licensed in Minnesota. Individuals should contact the ACHCA directly with questions on certification criteria. Minnesota has no direct reciprocity with any individual state, only for persons certified as Nursing Home Administrators by the NAB-endorsed American College of Health Care Administrators (ACHCA).

Complete the following:

Experienced administrators may qualify for waiver of academic and practicum requirements by submitting evidence of current NAB-endorsed ACHCA certification as a nursing home administrator. If you are ACHCA certified, submit a copy of your certification.

Other General Information required of all applicants:

- Resume showing employment history since college graduation
- License verification in each state applicant has held licensure sent directly to the board office.
- Completion of the Minnesota state examination: *exam information will be sent to the candidate upon staff review of application.*



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License Verification Request

Instructions to applicant:

1. Write your name (including any previous names) on line A and your phone number on line D.
2. Make as many copies of this form as states in which you are currently or have ever been licensed as a nursing home administrator.
3. On each copy, write at B the name of the state from which you seek license verification and at C your license number in that state.
4. Send each copy to the nursing home administrator licensure authority of the named state. Check with the state(s) regarding any fee you must remit for release of this information. Addresses, etc., for state boards are available at www.nabweb.org

Instructions to licensing authority:

The individual named below indicates that s/he is or has been licensed as a nursing home administrator in your state. Please verify this fact and provide the requested information on this form, with your seal attesting to its authenticity. Any fees for providing this information to Minn. BENHA must be charged to the applicant. Their phone and fax numbers are included so you can contact them about fees or questions in connection with this service. Please send the form and any attachments to the address at the top of this page—not to the applicant. Thank you for your time and assistance.

Randy Snyder, Executive Director, MN-BENHA

To: The State of (B) _____

Re: Name: (A) _____ (C) License # _____

(D) Phone: _____

The examination written by this individual was: NAB _____ PES _____ Exam series # _____

Date exam written _____ Results: Raw score _____ Scale score _____

Original date of this individual's licensure in your state: _____ **License expiration date:** _____

Has the person been continuously licensed in your state since the date of original licensure? Yes ___ No ___

Was the person licensed by reciprocity/endorsement? No ___ Yes ___ If yes, from the State of _____

Is this individual **currently** licensed in your state? No ___ Yes ___ If yes, is the license in good standing? Yes ___ No ___
If no, explain here, or as provided below, concerning disciplinary action:

To your knowledge, has this individual ever been subject to any **corrective action** or **disciplinary action** by your licensure board? No ___ Yes ___ If yes, please provide a copy of all public data related to the action and/or provide the following information on your board's letterhead imprinted with the seal of your board: 1) disciplinary action or corrective action taken, 2) reason for the disciplinary or corrective action, 3) date of disciplinary action, and 4) date disciplinary action was removed and/or licensee was granted an unconditional license.

Seal of jurisdiction:

Authorized signature: _____

Title: _____

Date: _____ Phone: _____